U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	3 ME 22 M. A.
E	OLMS OF

Name Dennis

1. File Number U-10482

3. Name and address of person filing.

J McDermott

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and accress of labor organization.

Name Local Union 43, IBEW

		Labor Organization File Number 020-055				
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any P.O. Box 110			
Street 2 Lincoln Ave			Street			
City Oswego	Ci	r y	Clay			
State New York ZIP Code +	4 13126 St	ate	New York	ZIP Code + 4 13041		
5. Position in labor organization. Recording Secretary / Asst Bus Mgr						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is act vely seeking to represent.						
6. Name and address of Employer (including trade name, if any).			7.a. Nature of Interest, Transaction, or Income.			
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
	7.b.	Amo	ount.			
Street						
City						
State ZIP Code +	4					
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						

08/15/2005

Date

315-342-5083

Telephone Number

Name of Person Filing Dennis McDermott	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name IBEW Local 43 Trust Funds	a. Labor Organization b. Trust c. Employer					
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any P.O. Box 2218						
Street						
City Syracuse		1				
State New York ZIP Code + 4 13220						
10. If 9.b. or 9.c is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name						
Trade Name, if any:		'				
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar va ue of such dealing.					
City	12.a. Nature of interest hel	d or income received.				
State ZIP Code + 4		rel, accomadations & expenses - rences: NCCMP Annual Conference and is Conference				
	12.b. Amount.	\$2,702				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.						
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bldg. Room No., if any						
Street						
City						
State ZIP Code + 4						
13.b Is the Business an Employer or Consultant?	14.b. Amount of payment.					